

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 091672424  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2	/						52		/				
3		/					53		/				
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45		/					95						
46		/					96						
47		/					97						
48		/					98						
49	/						99						
50		/					100						
TOTAL IND.	11						TOTAL IND.						
TOTAL DEP.	42						TOTAL DEP.						
TOTAL CLAIMS	53						TOTAL CLAIMS						

Best Available Copy